

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031361

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 1047

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042
Primary Registration District No. 1000
Registrar's No. 1047

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Meth. Hosp. & Med. Center		d. STREET ADDRESS (If outside, give location) Century Apts.	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) LOUISE S. CURTIN			4. DATE OF DEATH Month August Day 16 Year 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan. 11, 1878	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Salt Lake City, Utah	
13a. FATHER'S NAME William Smedley		13b. MOTHER'S MAIDEN NAME Lizzie Burnes		14. NAME OF HUSBAND OR WIFE William H. Curtin	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Daughter Mrs. Margaret Winters Kansas City, Mo.	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia - terminal Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Cerebral Arterial Disease DUE TO (b) 2 days arteriosclerosis, general DUE TO (c) ?		INTERVAL BETWEEN ONSET AND DEATH 4 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 7:50 a.m. p.m. Month, Day, Year Aug 16, 1963		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION St. Joseph, Mo.		COUNTY Mo.		STATE Mo.	
21. I attended the deceased from May 31, 1957 to Aug 16, 1963 and last saw her alive on Aug 16, 1963 Death occurred at 7:50 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE L.E. Senor M.D.		22b. ADDRESS St. Joseph, Mo.		22c. DATE SIGNED 8-16-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 19, 1963		23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
23d. LOCATION (City, town, or county) St. Joseph, Missouri		23e. DATE RECD. BY LOCAL REG. Sept 3, 1963		23f. REGISTRAR'S SIGNATURE Mrs. Clark Handell	
24. FUNERAL DIRECTOR Meierhoffer-Fleeman Funeral Home, Inc.					

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

S.E. Senor M.D.

VS 300
Rev. 4/59

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1961 OCT 1

Permit issued 8.19.63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3258

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.